807 8 Y	Iowa Department of Revenue
	www.state.ia.us/tax

` ,	nange 🔲	(2) A Short Period				
Corporation Name and Address						
		D A			D D	
		Box A		•	Box B	•
		Federal T.I.N Box C	1		Business Code:	
		County No.:				
		Is this a firs	t or final r	eturn? If yes, ch	eck the appropriate	box.
		First Return	1 A	New Business	☐ Successor ☐ E	ntering Iowa
Name of contact person: I	Ext:	Final Retur		•	☐ Merged ☐ D ☐ Bankruptcy ☐ C	rissolved Others
Type of Return: ▲ ☐1 S Corporation ☐	2 IC Dome	estic International	Sales Corp	poration 3	Foreign Sales Corp	ooration
Is this an inactive corporation?		A Yes	□ No			
Was Federal income or tax changed for any prior			□ No P	eriods		
Is the corporation's business carried on entirely w	. ,					
Date of S corporation election:						
SCHEDULE S					USE WHOLE D	OLLARS
Net Income per Federal Schedule K (see instruction	ons)				1	
Interest and dividends exempt from Federal income ta						
3. Other additions (attach schedule)						
4. Total additions (add lines 2 and 3)					4	
5. 50% of Federal income tax						
6. Interest and dividends from Federal securities (see i		6				
7 Other reductions (attach schedule)		7				
7. Other reductions (attach schedule)					8	
Other reductions (attach schedule)						
8. Total reductions (add lines 5, 6 and 7)					9	
8. Total reductions (add lines 5, 6 and 7)					9	(7)
8. Total reductions (add lines 5, 6 and 7) 9. Net modifications (line 4 less line 8) 10. Modified Federal net income (line 1 plus line 9)	(2) Resident/	(3) Social Security No.	(4) %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7) 9. Net modifications (line 4 less line 8) 10. Modified Federal net income (line 1 plus line 9) SCHEDULE K (1) Name and Address of Shareholder	(2) Resident/	(3)	(4)	(5)	9	(7)
8. Total reductions (add lines 5, 6 and 7) 9. Net modifications (line 4 less line 8) 10. Modified Federal net income (line 1 plus line 9) SCHEDULE K (1)	(2) Resident/	(3) Social Security No.	(4) %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest % %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest % %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/	(3) Social Security No. or Federal I.D. No.	(4) % Interest % %	(5) Share of	9	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/ Nonresident	(3) Social Security No. or Federal I.D. No.	(4) % Interest % % % % % 100%	(5) Share of Modifications	(6) All-Source Income	(7) Apportioned
8. Total reductions (add lines 5, 6 and 7)	(2) Resident/ Nonresident	(3) Social Security No. or Federal I.D. No.	(4) % Interest % % % % 100%	(5) Share of Modifications	(6) All-Source Income	(7) Apportioned

Officer's Signature ______ Date _____ Title _____

Preparer's Signature______ Date _____

Preparer's Address _____

_____ Preparer's ID No.: _____

IA 1120S Schedule K-1 2004

		Nonre	sident Share	holder Onl
Corporation: Name	Shareholder:	Name		
Federal T.I.N.		SSN or Federal T.I.N		
Shareholder's Pro Ra	ta Share Items	(1) Federal K-1 Amount	(2) Iowa Business Activity Ratio from Schedule C	(3) Amount Apportionable to lowa (Col. 1 times Col. 2)
Ordinary business income (loss)	1 .			
2. Net rental real estate income (loss)	2			
3. Other net rental income (loss)				
4. Interest income	4			
5. Dividend income (line 5a, Federal Schedu	ıle K-1) 5			
6. Royalty income	6			
7. Net short-term capital gain (loss)	7			
8. Net long-term capital gain (loss) (line 8a,	Federal Schedule K-1) 8			
9. Net section 1231 gain (loss) (line 9, Fede	ral Schedule K-1)9			
10. Other income (loss)	10			
11. Section 179 deduction	11			
12. Other deductions				
13. Credits from the credit section of Federal	K-1 (attach schedule) 13			
14. a) Post 1986 depreciation adjustment	14a			
b) Adjusted gain or loss	14b			
c) Depletion (other than oil and gas)	14c			
d) Gross income from oil, gas or geotherr	nal properties14d			
e) Deductions allocable to oil, gas or geo	thermal properties 14e			
f) Other adjustments and tax preference i	tems (attach schedule) 14f			
15. Enter any supplemental information that is Schedule K-1. Attach additional schedule	s required to be reported separately to eac s if more space is needed.			al form 1120S
16. Shareholder's all-source modifications (co	olumn (5), Schedule K of the IA 1120S)		16	
17. lowa business activity ratio			17	

	17. lowa business activity ratio					
enter on line 14, IA126 if positive, or line 24, IA126 if negative)						
	, , , , , , , , , , , , , , , , , , , ,					
	Schedule C – Business Activity Ratio (BAR)		Whole Dollars			
		(see instructions) Enter	Whole Dollars Col. B-			
	Schedule C – Business Activity Ratio (BAR)	(see instructions) Enter	Whole Dollars			

1 Gloss Receipts	
2 Net Dividends (see instructions)	
3 Exempt Interest	
4 Accounts Receivable Interest	
5 Other Interest	
6 Rent	
7 Royalties	
8 Capital Gains	
9 Ordinary Gains	

12 **TOTALS** 13 Percentage (Line 12: Column A/Column B - to six decimal places) Enter % in Column 2 of K-1 above for nonresident shareholders or on line 16 of IA 134 for resident shareholders.

10 Partnership Gross Receipts (attach schedule)

11 Other (must attach schedule)